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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,805	06/23/2003	Dirk Trossen	042933/263001	8172
826 ALSTON & BI	7590 09/02/200 RD LLP	EXAMINER		
BANK OF AMERICA PLAZA			BAYARD, DJENANE M	
	XYON STREET, SUITE 4000 NC 28280-4000		ART UNIT	PAPER NUMBER
			2444	
			MAIL DATE	DELIVERY MODE
			09/02/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/601,805	TROSSEN, DIRK	
interview Summary	Examiner	Art Unit	
	DJENANE M. BAYARD	2444	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>DJENANE M. BAYARD</u> .	(3)		
(2) <u>Andrew Spencer</u> .	(4)		
Date of Interview: 8/10/09.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2) <mark> applicant's representati</mark> ve	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. ℚ	g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant was contacted 8/12/09</u>).			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLE A STATEMENT OF THE SUBSTANCE OF THE INTER requirements on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRT ERVIEW SUMMARY FORM,	been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/William C. Vaughn, Jr./ Supervisory Patent Examiner, Art U	nit 2444	

Application No.

Applicant(s)